2		100/6	Item 18 Film G377 6/6 MARY CAND STATE DEPARTMENT OF HEALTH
a		7-14	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	ath.	d 2 ath.	Ubaga
	de	章 g · g	a. COUNTY a. STATE b. COUNTY
	hours after death	等等	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	175	Pag urs	write RURAL and give nearest town)
	hou	ad ir 2 ho 2 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	24	letely filled in by the funeral rbon papers. Pages. 1 and 2 f, within 72 hours after death.	Frederick Memorial Hospital YES NO IN
	ithin	on with	3. NAME OF First Middle Last 4. DATE Month Day Year
	× p	The same	(Type or print) - AMES EMMERT HAGLEBERGER DEATH MAY 26 1966
	onte	196	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Deys Hours Min.
	exec	# E # E	Male white WIDOWED DIVORCED 3/7/34 // yrs.
	pe	cian ase nd in	during most of working life, even if retired) INDUSTRY
	ate	ple al, a	School Child Frederick MARYLAND UNITED STATE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	THE STATE OF THE S	Then	EMMERT ANGLEBERGER SARAH O'BRIEN
	9	endi it.]	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
	leath	erm on, c	None None Emmert F. Angleberger-Route 6-Frederick-Md.
	the d	oit p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	at ti	d by	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NENINGD ENCEPHALITIS ONSE! AND DEATH OPPROX 12 day
	s th	igne rial-i	002/ DUE TO
	uire g ph	o pn	Conditions, if any, which gave rise to immediate (b) Mycobacterium tuberculosis
	ndin	or the	cause (a), stating the DUE TO underlying cause last. (c) (c)
	law	h pr	
	The	cate or us lealt	YES NO [
	IAN:	e de la companya de l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: The law requires that the hospital or attending physician	ache ept.	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.	te Det	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 at work at work
	d by	Affe J be Sta	
	TENT	S should with the	21. I certify that (I) (this hospital) attended the deceased from <u>DAY</u> 1), 19 66, to <u>DAY</u> 26, 19 66, that (I) (we) last saw the deceased alive on <u>DAY</u> 26 19 66, and that death occurred at 12 36 M, from the causes and on the date stated above
	A AT	3 sl with	22a. SIGNATURE 1 22b. DATE SIGNED
	1 0 pg	age	M.D. ATTENDING MED. STAFF PHYS. 1966
	PITA 1 ms	Pr. P	22c PHYSICIAN'S NAME (Type) Dr. J. Fred Baker 22d. ADDRESS 22d. ADDRESS Frederick Medical Center-Frederick-Md.
	Page 4 may	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please reshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	
	15	5 9 %	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial May 30-1966 Mt. Olivet Cemetery Frederick, Md. 21701
		N	24. FUNERAL DIRECTOR ADDRESS Musture 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		4-64	M.R. Etchison & Son Frederick, Md. 21701 MAY 31 1966 Clearles Quest
	TOM	4-04	

CERTO SERVICE State of more than the country of th Frederick Pemenal Heapital Jemes Emmert Augustioner - MAY Rd Lot male about 113 THE RES TRAINED OF FULL AND THE PARTY OF THE PARTY PARTY. Emmert PRESERECES SAKAH O'BRIEN And the same of th gradultables . The co THE RESERVE OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Marvland Frederick MARYLAND Frederick b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Rural Years Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Reich Ford Road - Route #6. Frederick Reich Ford Road-Route #6. Frederick YES NO K State 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH LINDBERGH AYLOR MAY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) last birthday) Months WIDOWED DIVORCED October 16, 1928 Male 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equality) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Mechanic Hillside Coal Co. Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Wilmer Avlor Maude Frances Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or dates of service) Mrs. Linda M. Aylor (Same as item #2) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geve rise to Immediata cause **DUE TO** Examiner (a), stetling the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION writing the word " Chief Medical Ex Page 3 should be u burial, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) fectory, street, office bldg., atc.) Not While Hour a.m. While at work at work and in my opinion

e. IS RESIDENCE ON A FARM?

1966

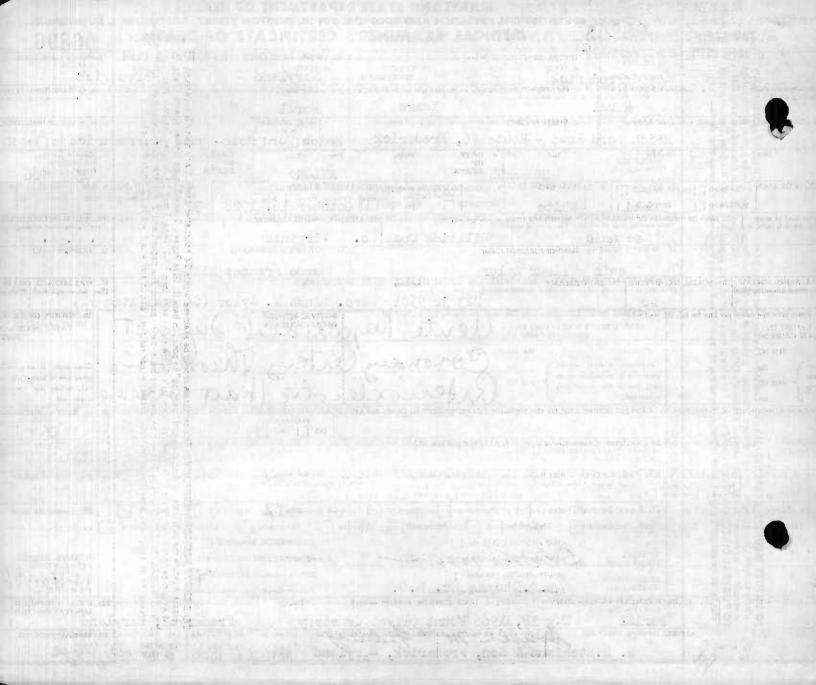
IF UNDER 24 HRS

PERFORMED? NO

(Stata)

ease execute the certificate, should be forwarded to the **FUNERAL DIRECTOR**: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 5 EXAMINER'S B.O. Thomas Sr. M.D. NAME (Typa) Addrass (Streat, city, town, or county) 22m. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spacify) 40 Mount Olivet Cemetery Frederick, Maryland Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME M. R. Etchison & Son, Frederick. ryland

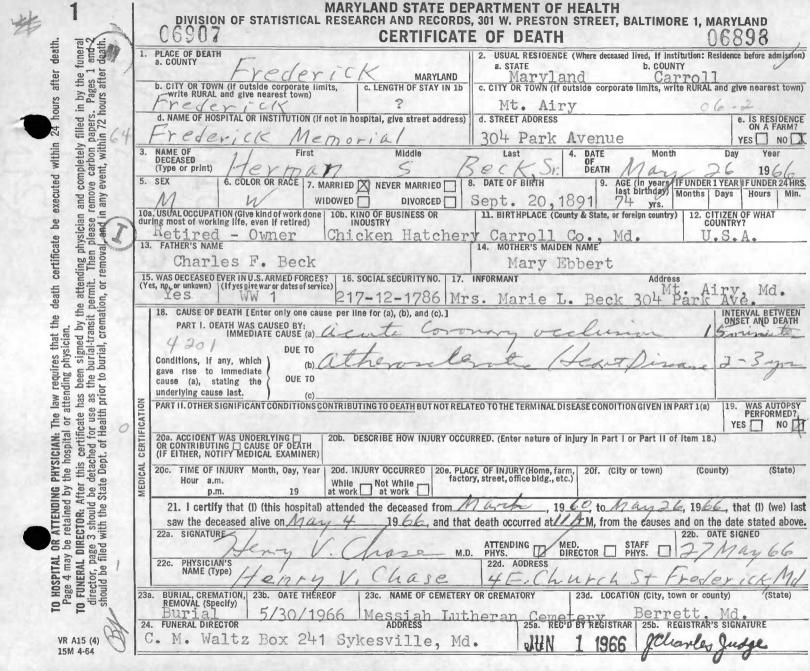
5M 1/63



VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
06897

1 00000	OLKIII IOAI	L OF DEATH	00001
1. PLACE OF DEATH a. CDUNTY		2. USUAL RESIDENCE (Where deceased lived, II Instit	
Frederick	MARYLAND	Maryland b. COUNT	derick
 CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write	RURAL and give nearest town)
Frederick	Days	Buckeystown	10 -1
d. NAME OF HDSPITAL DR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
rederick Memorial Hospita	1	Buckeystown	YES NO
3. NAME OF DECEASED (Type or print) Serget a	Middle Par	tholow 4. DATE Month	2 Day Year
5. SEX 6. CDLDR OF RACE 7. MARR	IED NEVER MARRIED		UNDER I YEAR IF UNDER 24 HRS
Female White WIDOW		July 28, 1896 9. AGE (in years) If 69 last birthday) N	lonths Days Hours Min.
Da. USUAL DCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN DF WHAT
Retired	egister Nurse	Bartholows, Maryland	COUNTRY?
13. FATHER'S NAME		14. MDTHER'S MAIDEN NAME	
John Banks B rtholow		Mary G. Gambrills	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	79 48 9647 B.C	O.Thomas, Jr. 305 W. 2nd. Str	eet.Frederick.W
18. CAUSE DF DEATH [Enter only one cause p			I INTERVAL BETWEEN
PART I DEATH WAS CALISED BY. / /.	yemia		DNSET AND DEATH
/ / / / /	1 - 1 1	/ « A	50000
Conditions, If any, which	bronic hucle	onephritis.	5 years.
gave rise to immediate cause (a), stating the underlying cause last.	Artico of speen	rotfe C.V.D.	3 years.
	RIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PA	RT1(a) 19. WAS AUTOPSY PERFORMED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTINUED TO STATE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of I	
Hour a.m.	d. INJURY DCCURRED 2De. PLA factor	CE DF INJURY (Home, farm, ry, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) atte		1960 to Marzl	1966, that (I) (we) last
saw the deceased alive on May	21 1966, and that		d on the date stated above
22a. STENATURE SOMOSA O. This 22. PHYSICIAN'S	mas M.D	ATTENDING MED. STAFF	22b. DATE SIGNED 21, 1946
NAME (Type)	O.Thomas.M.D.	228 N. Market StreetmFred	erick. Maryland
	23c. NAME DF CEMETERY		
Burial, CREMATION, 23b. DATE THEREOF Burial May 24, 196	1		
24. FUNERAL DIRECTOR Soull	ADDRESS Table	25a. REC'D BY REGISTRAR 25b. REC	erick County, Mo
M. R. Etchison & Son	. Frederick. Mar	wland MAY OF 10CC Tola	releg Judge

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	Marie Clares de		
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	ermann an gene		middle value of
de la como	VE.T. MITTELL		
	dastas dentra . B es i		
and strainings.	Range garage	Lucall Liverile de	e in a train
The same of	995: 1.5 JAM BANKS	sk plotropers .	no a monthoda



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06908 FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Frederick Maryland Frederick ond 3 to deoth. 0 MARYLAND c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Braddock Heights Braddock Heights years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Give Pages 1, within 72 hours YES 🔁 NO Stote [24 hours after death. 3. NAME OF Middle Lost 4. DATE Month First Year Biddle DECEASED Clyde Wayne May 1966 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH est onhdoy) Months Dovs Haurs Item 18. White Nov. 3,1909 Male WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Fred Construction West Virginia OUNTRY? A. during nost of working life, even if retired) 2 any d "pending" in pencil in Chief Medical Exominer's pages in any in pencil i 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Sarah Ann Unknown Ingle Biddle puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give wor or dotes of service)
Unknown 17. INFORMANT Md 16. SOCIAL SECURITY NO. Address permit. or removal, 232-26-9728 Braddock Heights, Raymond Biddle INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH Coronary Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) This certificate should e, writing the word farworded to the Ch buriol, cremotion, DUE TO Arteroclotis Heart Disease Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO D please execute the certificate, YES Health or its designated ogent, prior to should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at wark at wark Inspection \square Inquiry X 21. I certify that I taak charge of the remains described above, held on Autopsy and in my opinion ь Undetermined manner the funeral director. death resulted fram: Natural causes, Accident Suicide , Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY May 21,1966 Woodsdale Memorial 23d. LOCATION (City or Town)
Grafton (County) W.Va. 23o. BURIAL, CREMATION, 0 Burthogall(Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Middletown, Md. Gladhill Co. Ocharles VR A15ME (5) 1968 6M 1/66

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edinission) . COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Frederick 5 vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 411 Biggs Avenue ON A FARM? Biggs Avenue 411 YES NO 3. NAME OF First Middle 4. DATE DECEASED RICHARD EUGENE BOWMAN (Type or print) Mav DEATH 66 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Months Devs White WIDOWED | July 12. 1928 Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Sientist U.S. Govt. Federal Govt. Columbus. Ohio U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebah Bowman Sarah Townsend 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Emma Jane Bowman 411 Biggs Ave. Fred. Md 284-24-2537 xide Ditotication ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stetling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS CERTIFICATION PERFORMED? NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY, OCCURRED, (Enter nature of Injury in Pert I or Pert II of item 18.) writing the PRIMARY OF CONTRIBUTING 200. INJURY OCCURRED | 200. PLACE OF INJURY (Home, form, Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) forwarded to the et work et work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 6 EXAMINER'S B.O. Thomas Sr. M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial 40 x Columbus, Ohio ADDRESS 240. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME Frederick, Maryland MAY 20 5M 1/63

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45-0-6 The tradition of Hory District Interest Inframe/ Solvenia Total Talle X - 1 - 2 - 1002 .N. ... Similariv THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. billy since over Hilly since over A Company - With the second The second secon Constance C. Hillen Harmertile, ad. Bay Co 1968 Klander Juith

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before edmission) e. COUNTY b. COUNTY . by the and 2 death. MARYLAND by th Mary b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 5 hours after within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address . IS RESIDENCE d. STREET ADDRESS ON A FARM? etely papers. n 72 hou YES NO Z NAME OF Middle 4. DATE Month Day Year DECEASED COMP OF (Type or print) DEATH 19 66 carbon in, withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Deys certificate WIDOWED T DIVORCED Sye 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY physic done during most of working life, even if retired) any Dressena please I 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Then requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. physician. þ 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN 50 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Signed Vascular WKS cremation. IMMEDIATE CAUSE (e) the burial-transit burial, cremation, affending DUF TO cardor vascular disease has been gave rise to immadiate cause DUF TO (e), stating the underlying the hospital or PHYSICIAN: couse lest. After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 98 9 CERTIFICATION PERFORMED? use prior NO X for 20e. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) of Health OR CONTRIBUTING [1] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by WEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) (State) Month, Dey, Yeer (County) Not While factory, street, office bldg., etc.) While DIRECTOR: Dept. et work et work p.m. Pe 1966, that (I) (we) last should State 19.66, and that death occurred at 1.46M, from the causes and on the date stated above. saw the deceased alive on... тау OR 22a. SIGNATURE 22b. DATE ATTENDING MED. STAFF HOSPITAL FUNERAL page PHYS. DIRECTOR PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S filed v NAME (Type) Medical 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Dig g OH REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE mol VR A15 (4) 20M 5-63

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physkiam and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

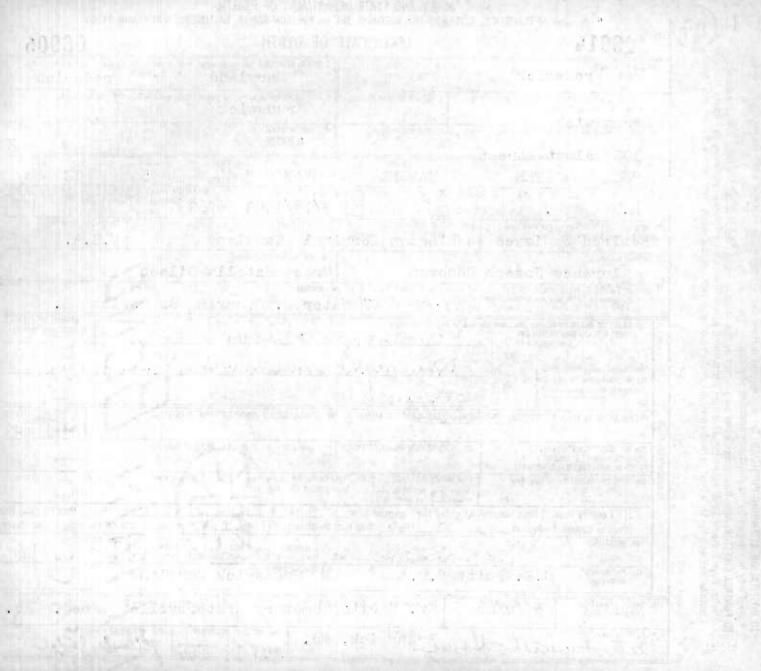
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06914

CERTIFICATE OF DEATH

06905

	004-1	00303
1	PLACE OF DEATH o. COUNTY Frederick MA	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	y IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Brunswick
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Same e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First Middle DECEASED (Type or print) WALTER SAMUEL	Lost 4. DATE Month Day Year DONOVAN OF DEATH 5 I2 166
3	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCE	(lest birthday) Months Days Haurs Min
	00. USUAL OCCUPATION (Give kind of work done uring most of working tire, even it refred yee Washington	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Florence Joseph Donovan	Grace Estella Wilson
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17.8-18-01-	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO (d)	cay doubsorises of sours - 10the
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO L
CEDTICICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of wark of work	20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)
		d from 5 19 , 19 , to 5 19 , that (I) (we) las , and that death occurred at 7:50 M, fram causes and an the date stated abave
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. 22b. DATE SIGNED
	22c. Physician's NAME (Type) C.E. Pruitt M.D.	22d Brunswick Maryland
2	30. BURIAL REMATION, 23tr PATECHEROB 3 LNAME OF SE	ry s cemetery Petersville Fred. (State)
1	24 TUNERAL DIRECTOR THE FUNE OF UNISW	rick, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE gelevilles Judge.



DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Residence bafore admission) . COUNTY b. COUNTY the d 2 MARYLAND by the and 2 death 74r4 land b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in Pages 1 H hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) day within filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF Last Middla 4. DATE Month Day 72 DECEASED OF (Typa or print) DEATH within 19 66 carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED and last birthday) Months event, WIDOWED DIVORCED altending physician esse remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) CARPENT

13. FATHER'S NAME in any WOOD 14. MOTHER'S MAIDEN NAME and Then pl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | removal, (Yas, no, or unkown) | (If yes give war or detas of sarvice) signed by the permit. physician. 1B. CAUSE OF DEATH [Entar only one causa par lina for (a), INTERVAL BETWEEN ONSET AND DEATH 9 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO attending peen Conditions, if any, which gave rise to immediate causa DUE TO (e), stating the undarlying burial, this certificate has cause last. PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 8 0 PERFORMED? use YES NO prior 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by DIRECTOR: After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (Stete) factory, street, office bldg., atc.) ō Whila Not While at work at work 19 State Dept. 99 21. | certify that (I) (this hospital) attended the deceased from the land 19.6.6 to Docus 18 19.6.6 that (1) (we) last should saw the deceased alive on man19.6.6., and that death occurred at 6.5.AM, from the causes and on the date stated above may 22a. SIGNATURE DATE MED SIGNED PHYS. DIRECTOR PHYS. M.D. HOSPITAL death. Page 4 rector, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23d. LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. (State) REMOVAL (Spacify) S. g. g LIBER 01 66 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06917 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral ren please remove carban papers. Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY rederick o. STAMaryland o. COUNTY Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1h write RURAL and give nearest tawn) Lifetime Creagerstown Thurmont Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 3. NAME OF 4. DATE Middle Manth First Last Doy Year DECEASED FISHER Mav ROY 6 196 6 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED DATE OF BIRTH NEVER MARRIED White 24, 1898 lost birthday) Months Hours ct. Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Public TOUNTRY?A Frederick County School 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick C. Fisher Mollie Colliflower 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war or dates of service) NRaddress 1 17. INFORMANT 16. SOCIAL SECURITY NO. Mrs. Nellie Fisher Thurmont, 220-30-8823 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Canditians, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been detached far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. may 6, 1966, to may 6, 1966 that (1) (we) last shauld 19 6C and that death accurred at AA M, fram couses and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED M.D. directar, page shauld be filed 22c. PHYSICIAN'S THOMAS A. LOVE M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g. BURIAL CREMATION. REMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR Marles DATE MAY 1986

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) hours a. COUNTY b. COUNTY by the fand 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. ۵ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and of write RURAL and give pearast town) filled in Pages 1 hours after executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? completely papers. YES NO 14 72 3. NAME OF First Middle 4. DATE Last Dov Year Month DECEASED OF within (Type or print) DEATH 19 carbon and 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED event, last birthday) Months Days Hours certificate WIDOWED 12 DIVORCED ician ove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE done during most of working life, even if retired) Houseverle 13. FATHER'S NAME attending 0 Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yas give wer or datas of sarvica) permit. è 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN 0 ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO affending has been Conditions, if any, which The gave rise to immediate cause burial DUE TO (a), stating the undarlying the PHYSICIAN: 0 cause last. After this certificate the hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)/19. use as 0 WAS AUTOPSY CERTIFICATION PERFORMED? prior NO detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING may be retained by DIRECTOR: After 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. Whila Not While State Dept. at work at work 90 19. Cel. plnods saw the deceased alive on. 5/14 19 MG, and that death occurred at 150 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. M.D. 22. PHYSICIAN'S 22d. ADDRESS TO FUNE director, 1 ME 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, hown or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 20M 5-63

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Frederick

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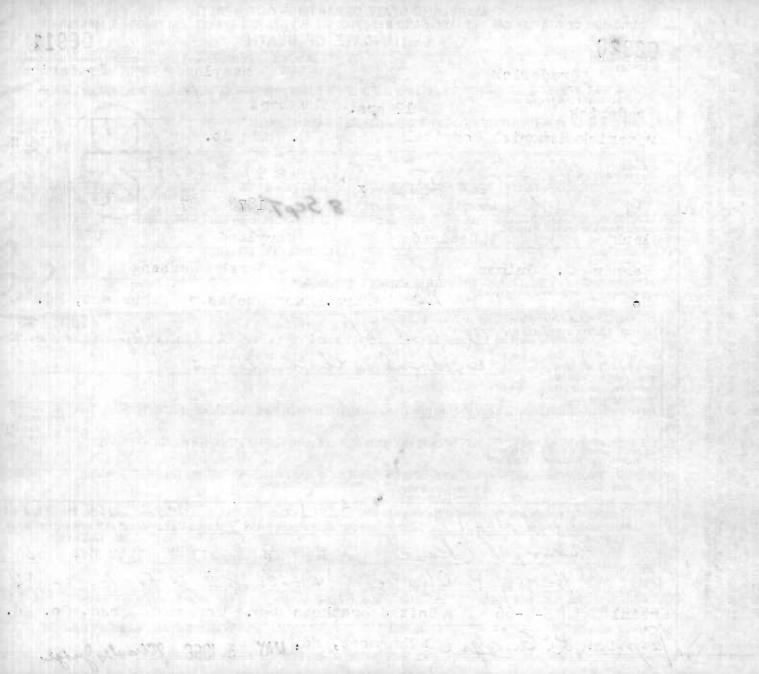
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Maryland b. COUNTY Frederick y filled in by the fu papers. Pages 1 hin 72 hours after 0 Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Thurmont hrs. Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Main St. Frederick Memorial Hospital E. NO X YES ysician and completely fi please remove carbon po-, and in any event, within executed within 3. NAME OF Month First Middle Last 4. DATE Day Year DECEASED OF DEATH (Type or print) 19 66 a 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years / IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 8. 9. 7. MARRIED [birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Retired Maryland Clark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Grimes Sarah Hessong Warner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT has been signed by the atten as the burial-transit permit. prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) Thurmont. Md. Mrs. Marv Huebager 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating underlying cause last. (C) CERTIFICATION WAS AUTOPSY detached for use a detached for use a te Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED2 NO X YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm. (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While be retained by ATTENDING p.m. at work at work 1966 to 11/447 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12.40 M, from the causes and on the date stated above. 19 66 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Page 4 may b M.D. PHYS. DIRECTOR PHYS. TO FUNERAL D director, pag should be file 22d. ADDRESS PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION REMOVAL (Specify) Thurmont Md. 5-11-66 United Brethren Cem. Fred. Co. PUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 25a. Thurmont. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06921 06912 executed within 24 haurs after death burial, crematian, or remaval, and in any event, within 72 hours after death by the funeral . Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Frederick Years Frederick and campletely filled in remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 434 N.Market Street Frederick Nursing Center YES NO TO 3. NAME OF Middle Lost 4. DATE Month Year Doy DECEASED 11 19 66 Kathleen May Naomi Gring (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** birthdoy) Months Hours Dovs May 26, 1878 WIDOWED DIVORCED Female White 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? please during most of working life, even if retired)
Retired Musician Boonsboro, Maryland 14 MOTHER'S MAIDEN NAME attending physic permit. Then ple 13. FATHER'S NAME PHYSICIAN: The law requires that the death certi-Alice Stonebraker Augustus Gring 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Frederick (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. W. S. Baker, 434 N. Market St. 219 30 3473 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia, bronchial, terminal IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Inanition mos. Conditions, if ony, which gove rise to immediate couse (a) DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to Severa Cerebral arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? Uremia; Recent mild Gerebral Vascular Accident NO E YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 19 OR ATTENDING of work 21. I certify that (1) (this hospital) attended the deceosed from NOV. 19.66 that (1) 1 (ve) lost 1955 19 , and that death accurred at 2:20MPfram causes and an the date stated above. saw the deceased alive on 5/11/66 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. 5 May 12, 1966 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Toll House Avenue, Frederick, Maryland Gilcin F. Meadors. M. D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, Burial (Specify) Mount Olivet Ceme tery Frederick, Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR acharles VR A15 (4) 20 M 1/660 M. R. Etchison & Son, Frederick, Marylandon MAY 1966 16

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH/DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Rasidence before edmission) . COUNTY b. COUNTY Page Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporate limits, write RURAL end give necrest lown) director. write RURAL and give nearest town) retained for your Rural Highway Minutes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route #2, Mt. Airy State YES NO 3. NAME OF First Middle Year DECEASED (Type or print) RAY HAMILTON Sr. DONALD DEATH May 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Male White DIVORCED T WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Nurseryman Tree Nurserv Johnsville, Maryland 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME with form PM3. Carl I. Hamilton Nettie Rhodes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. Mary Hamilton (Same as item #2) . No 18. CAUSE OF DEATH lenter only one cause INTERVAL BETWEEN Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a in pencil Conditions, if any, which geve rise to immediate cause Ø Medical Examiner's pending used as (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION designated agent, prior to burial, PERFORMED? YES NO plnods 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Entar neture of injury in Part I or Pert II of item 18.) writing the MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) the at work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy N. be forwarded to Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE or its DEPUTY MEDICAL EXAMINER EXAMINER'S plnods B.O. Thomas Sr. M.D. NAME (Type) A sh. TO FU. Health Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Union Chapel Cemetery Nr. Libertytown, Maryland Burial REC'D BY REGISTRAR | 24b. REGIS 23. FUNERAL DIRECTOR VR ATSME M.R. Etchison & Son, Frederick, Marvland 5M 1/63

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		21. I certify that I took charge of the rendeath resulted from: Natural causes	nains described above, he Accident Suici		Undetermined manner	and in my opinion
PUNERAL DIRECTOR: ealth or its designated age	-	EXAMINER'S NAME (Lyn) B.O. Thomas S	r. M.D.	M.D. ASSISTANT MEDICAL EXAMINE	MINER [S-2-66
		NAME (Type) D. U. THOMAS S	I . M.D.	Address (Street, city, town,	or county)	

L. F. St. Country Town Long Parkets, La. MAN - L.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARY! AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 2 weeks Rural Frederick Frederick 三 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Route 6 Frederick Memorial Hospital YES NO within completely carbon 3. NAME OF Middle DATE Month Day Year Last 4. DECFASED MARY (also)142 (Type or print) 12abeTI DEATH 1966 HARGETT MAY 12 ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH MARRIED any July 22- 1890 Female White WIDOWED -DIVORCED 2 10a, USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Frederick Co. Md. Homemaker certificate physi 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Not available Not available the au. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) Hugh D. Hargett- Route 6-Frederick-Md. 218-30-9793D CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY IHROMBOSIS IMMEDIATE CAUSE (a) signed DUE TO PRTERIOSCHEROTIC HEART DISENSE Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? certificate MELLITUS IABETES YES NO X 0 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) this CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. MEDI After Not While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from FEBRUARY 1966 19 66 that (I) (we) last DIRECTOR: Jage 3 should lied with the and that death occurred at 9 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SICNED page ATTENDING MED DIRECTOR M.D. TO FUNERAL 22c. PHYSICIAN'S 22d. director, p NAME (Type) Dr. Richard C. Reynolds 80h Toll House Avenue-Frederick-Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Mt. Olivet Cemetery Frederick. Md. 21701 Burial 16-1966 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. RECISTRAR'S SIGNATURE **ADDRESS** & Son-Frederick. son VR A15 20M

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the uneral director have 3 should be detached for use as the hurial-transit nemit. Then blease remove carbon happers. Page 1 and 2

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MARYLAND STATE DEPARTMENT OF HEALTH

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RTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. DEATH funeral showta 66 PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased livad, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY the 12 death. MARYLAND D.C. pue b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) 24 write RURAL and giva nearast town) 5 hours after Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Rhode Island YES NO npletely papers. NAME OF DATE Month Year DECEASED OF (Typa or print) DEATH 1966 25 16 0 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. certificate be last birthday Months WIDOWED DIVORCED larco attending physician, ever remove 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if retirad) any please 13. FATHER'S NAME MOTHER'S MAIDEN NAME death .⊆ and Then I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. requires that the 17. INFORMANT removal, (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the permit. the hospital or attending physician. 18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH ò PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO Conditions, if any, which (b) gava risa to immadiate causa DUE TO (a), stating the underlying burial, certificate has causa last. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION for use as t PERFORMED? NO P 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached be retained by MEDICAL ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yaar 20a. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, straat, offica bldg., etc.) While Not While Hour a.m. at work at work 19 p.m. State Dept. 19660 21. I certify that (I) (this hospital) attended the deceased from May to may 19 (that (I) (we) last and that death occurred at 5.5.M, from the causes and on the date stated above. may 22a. SIGNATURE 22b. DATE ATTENDING MED SIGNED director, page Se filed with the PHYS. DIRECTOR PHYS. M.D. HOSPITAL death. Page 4
O FUNERAL Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State) REMOVAL (Spacify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE 1966 VR A15 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Frederick 66 Yrs. Frederick Ξ filled carbon papers. ent, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 307 Rockwell Terrace YES NO X within and completely 3. NAME OF DATE Month First Middle DECEASED OF DEATH event. JOLLIFFE 11. 1966 VINTON May (Type or print) LOUISE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Ags | birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED emo any Female White 21 Aug 1884 WIDOWED X DIVORCED 12. CITIZEN OF WHAT 드 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician pe Own Home COUNTRY? Franklin County, Pa. U. S. House-work certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Burkholder Anna Reed 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address ed by the attenctransit permit. (Yes, no, or unkown) (If yes give war or dates of service) death Walker N. Jolliffe, Jr. (Same as item #2) 216-54-7887T Ne 18. CAUSE OF DEATH [Enter only one cause per time for (a); (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by urial-transit urial, crem PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The law requires that in or attending physician. Just been s. Ye buria. burial DUE TO Conditions, If any, which (b) gave rise to immediate has been e as the h h prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION 119. WAS AUTOPSY PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health PERFORMED? YES T ND X PHYSICIAN: T the hospital of 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained DIRECTOR: Af age 3 should lied with the S 21. I certify that (I) (the hospital) attended the deceased from 19/06, and that death occurred a M., from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE be ATTENDING PHYS. 11 May 1966 director, page should be filed DIRECTOR M.D. 4 may FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert S. Hughes 700 Montclaire Ave., Frederick, Md. Burial (Specify) 23b. DATE THEREOF 5/13/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Frederick, Maryland 21701 Mount Olivet Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Md. 21701 Frederick VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 19 06929 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Point of Rocks Point of Rocks vears d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF First Middle 4. DATE Manth Day Year DECEASED (Type or print) Roger Lee Jov DEATH May 28 1966 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED TE B. DATE OF BIRTH 9. AGE (In years last birthday) Months Male White Aug. 21-1901 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Trackman U.S.A. Rail Road Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Emma Stockman Robert McClellan Joy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 220-01-3257 Robert L. Hanes- Pt. of Rocks, Md. 21777 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Thrombosis min IMMEDIATE CAUSE (o) DUE TO Congestive Heart Failure Canditions, if ony, which vrs. gove rise to immediate DUE TO cause (a), stating the under-Chronic Cystitis lying cause last. yrs. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) O. m While Not while at wark at work 1964 Jan. 21. I certify that I attended the deceased fram that I last saw the deceased 8 1966 , and that death accurred at from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Gum Spring Hollow PHYSICIAN'S Byron Kao, M.D. Brunswick, Maryland NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22d. LOCATION (City, tawn, or county) June 1-1966 St. Paul's Cemetery Point of Rocks- Md. 217 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR M.R.Etchison & VS A15 (4) Frederick, Md.21701 15M 10/57

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OR ATTENDING be retained by JIRECTOR: Aften ge 3 should be ed with the Stat		21. I certify that (1) (this hospital) attended the deceased from 27 May, 1966, to 27 my, 1966	that (I) (we) last
OR ATT be reta DIRECTO			e date stated above. TE SIGNEO
ral on may ball ball bage e filed		22c. PHYSICIAN'S ATTENDING MED. STAFF OIRECTOR PHYS. 1 22d, ADDRESS	May 66
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p write RURAL and give nearest town) on papers. Pag within 72 hours hours Frederick Years Frederick Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? 24 Frederick Memorial Hospital 9 East Second Street NO X YES within completely carbon NAME DE First Middle DATE Month Day DECEASED 19 66 E. Mav (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED 9. last birthday) | Months | any Hours Male White WIDOWED DIVORCED October 189 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? St. Marks, Frederick, ryland Price Electric Co. Retired death certificate. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova the attending it permit. Ther Minnie G. Sulcer James Edward Kinna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 10 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, Mrs. Minnie Kinna (Same as item #2) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) burial, DUE TO Cenditions, If any, which been gave rise to Immediate TO FUNERAL DIRECTOR: After this certificate has beer director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work the S OR ATTENDIN 21. I certify that (i) (this hospital) attended the deceased from 2 2 1966, and that death occurred at 220M, from the causes and on the date stated above. saw the deceased alive on Moca 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR 4 may PHYSICIAN'S ADDRESS director, p 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery Burial BEC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** M. R. Etchison & Son, Frederick, Maryland VR A15 (4) 1/65

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	W Main Ct	ON A FARM?
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es that the obysician. signed by urial-transi urial, cremurial, cr	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO DUE TO	VAL BETWEEN T AND DEATH
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VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL GLACHILL Company, Middletown, Md. DAMAY 9 1966 Clarks June 25b. REGISTRAR'S SIGNAL GLACHILL COMPANY, Middletown, Md.	TURE

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	1.	PLACE OF DEATH a. COUNTY Frederick	2. USUAL RESIDENCE (Where decased lived, if Institution: Residence before edmissions. STATE b. COUNTY Form findings
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		write RURAL and give nearest town) Frederick	Bethe1
,		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Doa Frederick Memorial Hospital	d. STREET ADDRESS 111 South Street Street
	3.	NAME OF First Richard Middle	Last 4. DATE Month Day Year
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	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [3]	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
ı		Male White widowed DIVORCED	April 3, 1944 22 birthday) Months Days Hours Min
	de	. USUAL OCCUPATION (Give kind of work and of work and of working like aven if relieve) tudent Mt. St. Marys College None	TRY 11. BIRTHPLACE (State or foreign sountry) 12. CITIZEN OF WHAT COUNT
		FATHER'S NAME	Danbury, Conn. U.S.A.
	1	rthur Mannion	Frances Mulvihill
	14	WAS DECEASED EVEN IN ILE ADMED BODGES 146 SOCIAL SECURITY NO 1 ST	
		18. CAUSE OF DEATH [Enlar only one cause po line for (a), (b), and (c).]	hn C. Freeland Funeral Home Danbury, Conn.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Acute alcoholis	1977X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED YES NO [
I	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	O. (Enter nature of injury in Part II or Part II of item 18.) Ran of I road, auto turned was resting on necessary with was pinned over se
١	3	Hour Tom. 5/15/66 While Not While of	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slete) clory, street, office bldg., etc.)
	WEDIC	o a la nork al work al work la	IND The the bound that
	MEDICAL	7	eld an Autopsy Inspection Inquiry and in my opinio
	MEDIC	21. I certify that I took charge of the remains described above, h	eld an Autopsy Inspection , Inquiry , and in my opinio cide , Homicide , Undetermined manner
	MEDIC	21. I certify that I took charge of the remains described above, I death resulted from: Natural causes Accident Sui	eld an Autopsy N Inspection . Inquiry , and in my opinio
	MEDIC	21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinio cide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
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1		RDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
	0000 A	ATE OF DEATH	925
1	PLACE OF DEATH a. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen a. STATE Maryland b. COUNTY Freder	
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Frederick c. LENGTH OF STAY IN years		naarast town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 308 Willow Avenue	d. STREET ADDRESS 308 Willow Avenue	e. IS RESIDENC ON A FARM
3	NAME OF First Middle DECEASED (Type or print) CHARLES HENRY	MARTIN 4. DATE OF DEATH May 19,	Yaar 19 66
S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	8. DATE OF BIRTH July 23, 1889 9. AGE (In years of Funder 1 YEAR 76 years) yrs. July 23, Days July 24 Months Days D	IF UNDER 24 HRS Hours Min.
1	OB. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retirad) Retired Brushmaker None	Newark, New Jersey 11. BIRTHPLACE (County & State, or foreign country) Newark, New Jersey U.S.	A .
1:	3. FATHER'S NAME George Martin	Margaret Titus	
1. (Vac an ar unknown) ! //free afree commandate of control	7. INFORMANT Address Mrs. Rose V. Martin 308 Willow Ave.	Fred. Me
NO	Conditions, if any, which gave rise to immediata cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPS) PERFORMED?
CERTIFICATION	OB. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part t or Part II of itam 18.)	YES NO E
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. Hour e.m. p.m. 19 And While at work at work.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, streat, office bldg., etc.)	(Stete)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 4-2. 19.4., and the	hat death occurred at 63%, from the causes and on the dat	e stated above
	22a. SIGNATURE 22c. PHYSICIAN'S NAME (1900) Dr. Rex R. Martin M.I	M.D. ATTENDING MED. PHYS. STAFF 5/19/19 22d. ADDRESS 220 North Market Street Frederick	
	Burial 13-2371700	vet Cemetery Frederick, Maryland	(State)
2	Robert E. Dailey & Son Frederick,	Maryland 250. Rec'd by Registrar 25b. Registrar's Signa (Charles June	tge.

MARYLAND STATE DEPARTMENT OF HEALTH

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* 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	06935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06926
HEALTH DEPT.	PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Montg,
r death. If any delay is ve Pages 1, 2, and 3 to 3 with farm PM3. Page the State Department of in 72 haurs after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Gaither sburg. Rural /5
es 1, 2, farm I	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Frederick City Memorial Hosp. d. STREET ADDRESS Rt # 3
be executed within 24 hours after death. I "pending" in pencil in Item 18. Give Pages nief Medical Examiner's Office along with far ansit permit. File pages 1 and 2 with the State ar remayal, and in any that	NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) Raymond Venley McConnell OF DEATH May 26th
ours after d m 18. Give fice alang v ado with the	Male White WIDOWED DIVORCED B. DATE OF BIRTH Aug 7th 1942 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI Aug 7th 1942 25 birthdoy) yrs.
thin 24 hour snal in Item miner's Office pages Tand	10. USUAL OCCUPATION (Give kind of work done uring most of working the even if settred Helper INDUSTRY INDUSTRY Jones Ville. Va,
d within in pencil Examine File page and in a	Albert McConnell Alpha McConnell.
rcuted in ng" in dical Extract Extract Extract Traction and and an area of the contract of the	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 220–40–6666 17. INFORMANT Albert McConnell. As No 2
MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If a please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, I director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm retained for your files. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Det is designated agent, priar to burial, cremation, ar remaval, and in any (fast within 72 hours of the contraction).	IB. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), ond (c), one part I. DEATH WAS CAUSED BY: 9284 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (c) INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (c) (c) Conditions, if ony, which gove rise to immediate couse (a), but the conditions of the underlying couse (b) Conditions, if ony, which gove rise to immediate couse (a), but the conditions of the underlying couse (b) Conditions, if ony, which gove rise to immediate couse (a), but the conditions of the underlying couse (b) Conditions, if ony, which gove rise to immediate couse (a), but the conditions of the underlying couse (b) Conditions, if ony, which gove rise to immediate couse (a), but the conditions of the underlying couse (b) Conditions, if ony, which gove rise to immediate couse (a), but the conditions of the underlying couse (b) Conditions of the underlying couse (b) Conditions of the underlying couse (b) Conditions of the underlying couse (c)
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O DEPUTY necessary, p the funeral S may be ra O FUNERAL Health ar it:	SIGNATURE EXAMINER'S NAME (Type) B.O. Thomas, M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATA Address (Street, city, town, or county) M.D. ASSISTANT MEDICAL EXAMINER DATA Address (Street, city, town, or county)
TO DI nece the 5 mi TO FU	30. BURIAL CREMATION, REMOVAL Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) ACCONNELL CEMETERY OR CREMATORY JONESVALLE (Value)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06936 06927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, ond 3 to PM3. Page a. COUNTY Frederick o. STATE Maryland b. COUNTY Frederick 0 MARVIAND Deportment b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RHPAL and give pearest town) Brunswick ofter d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours along with form IO2 Ninth Ave. same Give Pages YES NO 24 hours ofter death. 3. NAME OF Middle First 4. DATE S Last Day Year DECEASED HOMER McGAHA OF 21 LACEY 66 within / (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH Q8 NEVER MARRIED 6 birthday) Manths Haurs Davs W. WIDOWED event 10a. USUAL OCCUPATION (Give kind of work dane BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT duringmaster taking de empire iret R-Transfer Dept. UCOUSTRYA Maryland any poges .⊆ Chief Medical Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within = XIOXXXXCONXX Joseph McGaha Belle McKenzie File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no er ynknown) with yes give war a stes et service removol "pending" Larry Ridgeway Frederick Md. 14-16-14 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH crematian, or IMMEDIATE CAUSE (a) This certificate should writing the word DUE TO Conditions, if ony, which gave 9 rise ta immediate cause (a) DUE TO stoting the underlying cause last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? please execute the certificate, YES X NO designoted agent, priar to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) Haur a.m. factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page at wark at work 21. I certify that I took charge of the remains described above, held an Autapsy and in my opinian Inspection Inquiry the funeral director. death resulted from: Natural causes Suicide [Hamicide be retained Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. moy Address (Street, city, town, or county) NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 0 Hillshoro Cemetery | Hill | 256. RECD BY REGISTRAR REMOVAL (Specify) Hillshoro 25b. REGISTRAR'S SIGNATURE Buria 242 FUNERAL DIRECTOR Brunswick Md. Milarles VR A15ME (5) 6M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	6043	7	CERTIFICAT	E OF DEAL	П		UOYZ.	ð	
1.	PLACE OF DEAT	1		2. USUAL RESIDE	NCE (Where decea	sed lived, If institu	itlon: Residence	ce before ad	tmission)
	a. COUNTY FY		MARYLAND	a. STATE M	aryland	b. COUNTY	Fred	erick	
	b. CITY OR TOW write RURAL Fr	N (if outside corporate limits and give nearest town) ederick	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN ((If outside corpor rederick		RURAL end g	ive neares	st town)
	d. NAME OF HO		t in hospital, give street address) Street	d. STREET ADDRES	s 15 South	Market S	treet	e. IS RES	ARM?
_				1					NO 🔼
3.	NAME DF DECEASED (Type or print)	SAMUEL	CLARK MICHAEL	Last	4. DATE OF DEATH	May 18	Day	y Yea	
- 4	sex lale	Marto	RRIED NEVER MARRIED DIVORCED DIVORCED	8. Date of Birth March 20,		AGE (In years IF) ast birthday) Byrs.	UNDER 1 YEAR	Hours	Min.
10a dur	.USUAL OCCUPATING MOST OF WORK	TON (Give kind of work done ing life, even if retired) rick Works Emp	OF KIND OF BUSINESS OF	Frederic	County & State, or Ck County	foreign country)	12. CITIZEN COUNTR U.S.A	Y?	
13.	FATHER'S NAM	E		14. MOTHER'S MA	IDEN NAME	1673 THE			
S	amuel Cu	rtis Michael		Mary Fra	ances Wil	lliams			
15	WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(18	No	(If yes give war or dates of service)		s. Aubrey	Baker 114	4 Catocti	n Ave.	Fred	Md
1	18. CAUSE OF	DEATH [Enter only one cause		1 1	11 (1		INT	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Condentino	Weart:	Farly	71	ON	SET AND I	DEATH
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	cause (a), si underlying caus	rating the [
NOL			TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONDI	TION GIVEN IN PAR	RT 1(a) 19.	WAS AU	
ICA	Pe	pho alcer	/				Y	-	NO X
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING 2 NG CAUSE OF DEATH (IFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury In Part	l or Part II of It	em 18.)		
			20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	farm, 2Df. (CI	ity or town)	(County)	(5	State)
MEDICAL	Hour a.n		While - Not While	ory, street, office bldg.	, etc.)				
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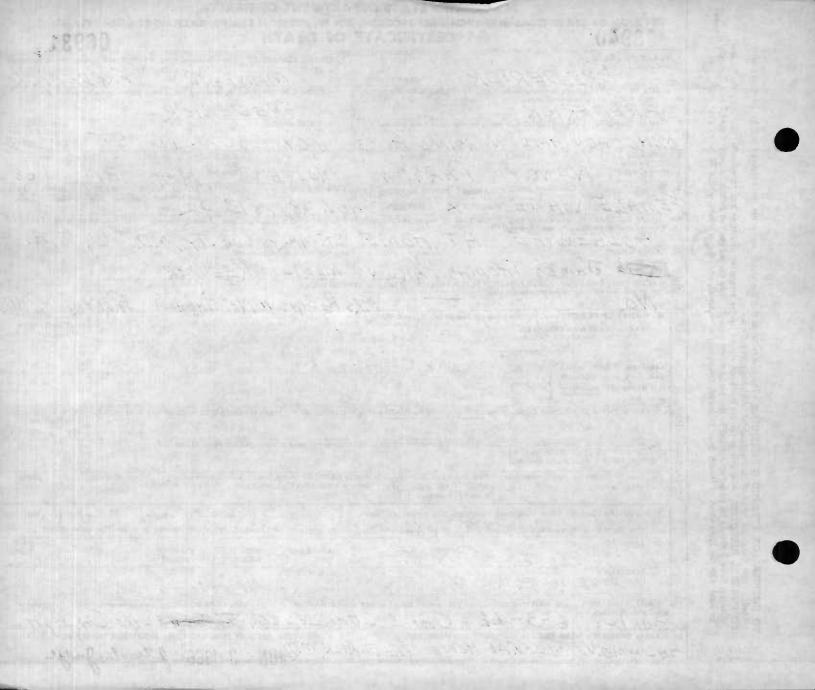
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick a. STATEWaryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Knoxville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS Frederick Memorial Hospital within YES ND X within NAME DE First Middie DATE Month Day Year DECEASED DEATH (Type or print) au 1966 ore AGE (In years / IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. CDLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months 10a, USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Maryland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Jacob Frye Wekusan Pavne 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. I Address (Yes, no, or unkown) (If yes give war or dates of service) -54-8637 John M. Miller. Jr. Knoxville, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO buri Cenditions, If any, which gave rise to Immediate the to DUE TO cause (a), stating the as th underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ND 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) **DIRECTOR:** After this certing 3 should be detached followith the State Dept. of (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at \$30 M. from the causes and on the date stated above. saw the deceased alive on lava 1966 DATE SIGNED 22b. 22a. SIGNATURE TO HOSPITAL OR Page 4 may be r director, page should be filed w MED. DIRECTOR PHYSICIANS ADDRESS FUNERAL NAME (Type) LOCATION (City, town or county) (State) ERIPLAIS, CRIMATION, NAME OF CEMETERY OR CREMATORY 23b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Brunswick. VR A15 (4) 20M 1/65

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOI	RE 1, MARYLAND
9	06940 CERTIFICATE OF DEATH	06931
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	a RURAL end give neerest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3.	MONOCACY HALL NURSING HOME 101 COUNCIL	SI YES NO X
L	(Type or print) NANCY PARSONS MOORE DEATH MAY	3/ 1966
5	FEMALE WHITE WIDOWED DIVORCED NOV. 28. 1873 92 yrs.	Months Days Hours Min.
	De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	0, 0, 0, 111
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	\$
-	Yas, no, or unkown) (Ifyasgivawarordatasofsarvica) MRS Ro BINSON NOTTINGHAM. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	FREDERICK ML
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	gave rise to Immediate cause (a), stating the underlying	
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Š	21. I certify that (I) (this hospital) attended the deceased from 9 195, to 5 3.4. saw the deceased alive on 19.66, and that death occurred at 2.6M, from the causes	and on the date stated above
	22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE
	22c. PHYSICIAN'S NAME (Type) Rev D MOATION 22d. ADDRESS	nd
2:	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to REMOVAL (Spacify)	own or county) (State)
2	BURIAL 6-3-60 CAPE CHARLES CEME	CAPE CHARLES VA I
	SALAMONE FUNERAL HOME FREDERICK, MEDIN 3 1956 80	Marles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 hours after death. and 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY. and completely filled in by the 1 emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO Z YES executed withIn NAME OF Month Day Year 3. First Middle Last 4. DATE DECEASED (Type or print) DEATH 1966 5 B AUM AGE (In years AF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months | Days WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAMI or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Address 16. SOCIAL SECURITY NO. 17. INFDRMAN1 been signed by the attenthe burial-transit permit. or to burial, cremation, or INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate this certificate has been detached for use as the e Dept, of Health prior to DUE TO (a), stating underlying cause last, (C) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO E YES 20a. ACCIDENT WAS UNDERLYING
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(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED be de State I factory, street, office bldg., etc.) Hour a.m. STOR: After should be d Not While While OR ATTENDING be retained by at work at work p.m. 19 director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. Fage 4 may 1 22d. ADDRESS PHYSICIAN'S 22C. NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64

AND AND AND ASSESSMENT OF THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16943 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Frederick Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 12 hours Rural- Frederick Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital Route 6 YES NO X 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED 29-May 66 O'Hara 19 Oscar M. (Type or print) DEATH S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Manths Dovs Hours Male White Feb. 17- 1894 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired) R.R.Signalman Frederick Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John O'Hara Mary L. Baer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Md. (Yes, no. or unknown) (If yes give war ar dates of service) Mrs. Goldie Cook O'Hara-Route 6-Frederick-INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pomary IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave TRTERIOSCLE POSIS rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, affice bldg., etc.) at work ot work 21. I certify that (1) (this hospital) attended the deceased from 13 62to. 19 64 that (1) (we) last 19 66 and that death occurred at 2:30 Marram causes and on the date stated above. saw the deceosed alive on.

requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral en pleasemenave carbon papers. Pages 1 and mave carbon papers. Pages 1 any event, within 72 hours after crematian, or remayal, permit. burial-transit signed by buria has been use as the directar, page 3 should be detached for use should be filed with the State Dept. af Health Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate irectar, page 3 should be detached for us

death and

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22a. SIGNATURE 22c. PHYSICIAN'S

23o. BURIAL CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

NAME (Type)

Dr. Richard C. Revnolds 23h. DATE THEREOF

June 2-1966

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

Frederick, Md.2.

M.D.

ATTENDING

PHYS 22d. ADDRESS

> 80h Toll House Ave .- Frederick, Md. 23d. LOCATION (City or Town)

DIRECTOR

(County)

22b. DATE SIGNED

May 30-1966

(State) Frederick, Md. 21701

2So. REC'D BY REGISTRAR 1966

2Sb. REGISTRAR'S SIGNATURE Charles

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F	e. STATE Maryland b. COUNTY Frederick	
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDEN ON A FAR	
ŀ	Frederick Memorial Hospital Adamstown P.O. Rt. 1	K
	DECEASED (Type or print) JOHN EDWARD OVERS DEATH May 14 19 66	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI	
	Male Negre widow&K Divorced Nov. 25=1908 57 yr.	n.
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if relired) Laborer - Const. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign acuntry) 12. CITIZEN OF WHAT COUNT Frederick Co. Maryland U.S.A.	TRY
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	James Overs Pauline Jenkins	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Hyasgive werordelesofservice)	
	res w.w.tr 21/-00-000 Russerr Overs-104 Carver Apris	
	18. CAUSE OF DEATH [Enter only one capts per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH	
ı	PART I, DEATH WAS CAUSED BY: White Conglative Hart toiler ONSET AND DEATH	
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PENAINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP FEFFORMED 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CO	
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	20c, TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED While Not While p.m. 19 at work 19 at work 19 Annual Post Wile Stellar Post Wile 19 Annual Post While Not While Post Work 19 Annual Post While Post Work 19 Annual Post	
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	20c, TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED While Not While at work 19 at work 19 at work 19 Accident Not While Accident Not While States Not Whi	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06936 06945 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 ond 2 ter deoty 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Frederick Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) MARYLAND papers. Pages 1 hin 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Frederick Years Frederick e. IS RESIDENCE ON A FARM? .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS filled i 219 East Church Street 219 East Church Street YES NO X 4. DATE Yeor 3 NAME OF First Middle Month Lost Doy pon event, with completely DECEASED (Type or print) May 19 66 PHELPS DEATH GRAYSON car IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months February 5. 1900 DIVORCED WIDOWED Male White 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Eveready Co. COUNTRY? West Friendship, Carroll 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol-transit permit. Then pl burial, cremation, or removol, Mary Becraft Winfield S. Phelps 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Mrs. Mary Phelps (Same as item #2) 220 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been be detached for use os the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES [NO DO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (Stote) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 9-29-1958, ta 5-25-1966, that (1) (we) last saw the deceased alive an 5-24-1966, and that death accurred at 815P M, fram causes and an the date stated above. director, page 3 should should be filed with the 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. May 26, 1966 X DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S 220 N. Market Street, Frederick, Md. NAME (Type) Rex R. Mortin 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery May 28, 1966 Burial

ADDRESS

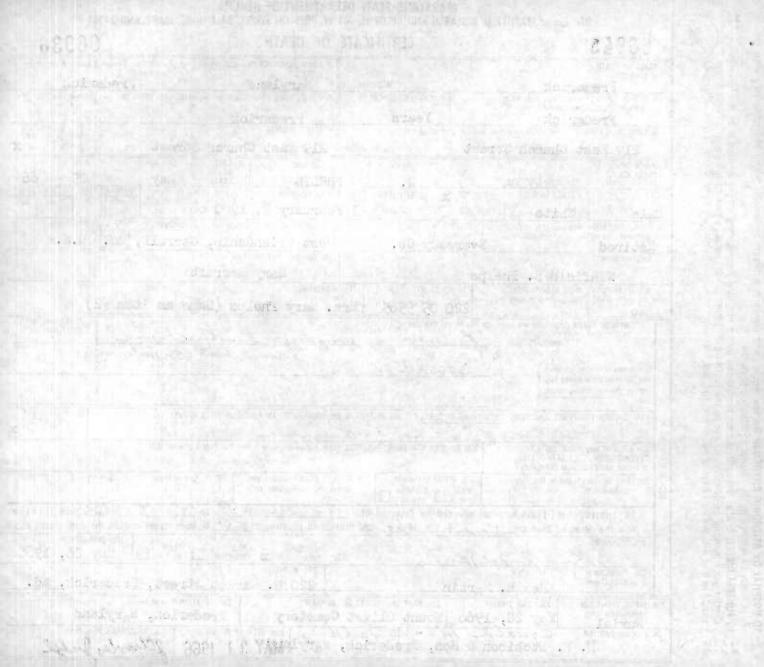
R. Etchison & Son, Frederick, Maryl

24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR



1	1 (Item 18 Film G377 6/9MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	E 700	06946 CERTIFICATE OF DEATH 06937	
	er death. I and 2 I and 2 er death.	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admit a. STATEWARY Jand b. COUNTY rederick	ssion
	afte aft	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	lown)
•	124 hours filled in by papers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS West Potomac Street On A FAR	ENCE RM?
		3. NAME DF First Middle D Last 4. DATE Month Day Year DECEASED 10 10 10 10 10 10 10 10 10 10 10 10 10	//
	executed within and completely femove carbon in any event, with	5. SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIDTH 897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Hours	4 HRS Min.
		10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT INDUSTRY	
	certificate iding phys Then ple removal, a	Fireman's Engineer Maryland 14. Mouter's Manben NAME Margaret A. Gorsuch Margaret A. Gorsuch	
	ath certifi attending ermit. Ther n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., Muklown) (If yes give war or dates of service) 2I3 09 4438 Margaret Mahoney California Maryla	nd
	PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please e Dept. of Health prior to burial, cramation, or removal, and	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which gave rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL BETWONSET AND DESCRIPTION ONSET AND DESCRIP	EEN ATH
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	OR ATTENDING be retained by INECTOR: After ie 3 should be ed with the Star	21. I certify that (I) (this hospital) attended the deceased from 6 May, 1966, to 25 May, 1966, that (I) (we saw the deceased alive on 25 May, 1966, and that death occurred at 7 46 M, from the causes and on the date stated a	
	OR be	22a. PHYSICIAN'S 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIR	
	Page 4 may O FUNERAL I director, pal should be fil	NAME TYPE 1230. BURIAL, CREMATION, 236. PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	12/
	TO TO Ship has	REMOVAL (specify) Burial 5-27-66 Loudon Park Baltimore Maryland 24, FUNERAL DIRECTOR BruffDRESS ck, Md. 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-/
	VR AI5 (4) 20M 1/65	Feete Funeral House Brunswick, Md. DAMAY 27 1966 Jolianles Judge	
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23c. NAME OF CEMETERY OR CREMATORY

Page 4 moy be retained by the hospitol or attending VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours after death.

24. FUNERAL DIRECTOR Elwood Trederick, Md. 21701

23b. DATE THEREOF

May 11- 1966

23o. BURIAL CREMATION. REMOVAL (Specify)

West of Frederick, Md. Rocky Springs Cemetery 2Sa. REC'D BY REGISTRAR 1966

23d. LOCATION (City or Town)

(Caunty)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm	ilssion)
Frederick MARYLAND	Maryland Frederick	
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
Middletown-Rural 6 Yrs.	New Market	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESID	DENCE
Valley View Nursing Home	ON A FA	
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year	-
(Type or print) KEMP DUDLEY	SWECKER DEATH May 27, 196	6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	R DATE OF RIPTH 19 AGE (In years IF UNDER 1 YEAR HE LINDER 2	
Male White WIDOWED N DIVORCED	19 July 1878 last birthday) Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Retired-Minister Minister of the Gos		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Chuistanhan B. Curathan	Nebraska D. Jackson	
Christopher B. Swecker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unknown) ((If yes nive war or dates of service)	INFORMANT Address	
No 220-44-6286 Mrs	. Nancy Watkins, New Market, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETV	WEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DE	EATH
IMMEDIATE CAUSE (a)	Mixel Hours	_
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Conditions, if any, which gave rise to immediate (b)	alle alos deplone genre	0
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underlying cause last. (c)		
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Dealist millet	PERFORM YES N	NO X
202 ACCIDENT WAS LINDEDLYING TO 1 20h DESCRIBE HOW INLIDY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	10 24
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Calcill	RRED. (Enter Hature of Injury III Part For Part II of Item 20.)	
ZDC. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAI factor 2Dd. INJURY OCCURRED 2Dd.		ate)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
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21. I certify that (I) (this hospital) attended the deceased from	5/4, 1957 to 5/7, 1966, that (1) (we	
	death occurred at 5:05 M, from the causes and on the date stated a	above.
22à SIGNATURE	22b. DATE SIGNED	
MURAD MAMOO. M.D	ATTENDING MED. STAFF 28 May 1966	
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) James B. Thomas, M. D.	228 N. Market St., Frederick, Md. 21	701
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Sta	te)
REMOVAL (Society)		
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR MANAGER ADDRESS		
M. R. Etchison & Son, Frederick, Ma. 217	101 DATELAY 2 1 1965 Cleanles Judge	

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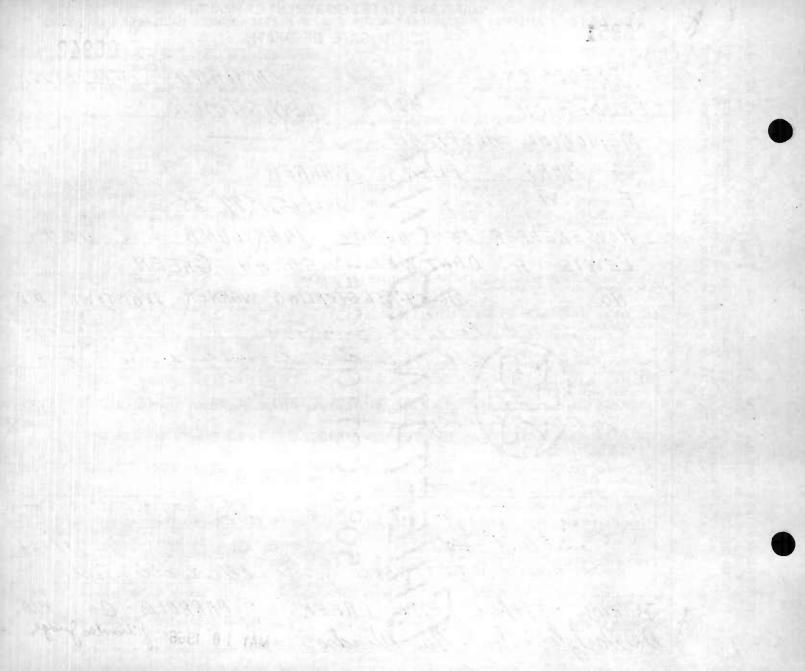
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Frederick a. STATE Mar vland Frederick after MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. r Frederick

mylte RURAL and give nearest town) Thurmont hrs. .5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS within 72 3 Carroll St Memorial Hospital Frederick YES NO X completely carbon 3. NAME OF Last DATE Month Day Year First Middle DECEASED OF DEATH event, Edgar MAY LENTINE 3 1966 (Type or print) executed AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | DATE OF BIRTH 8. 9. 7. MARRIED X NEVER MARRIED white male and in any Tune WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT COUNTRY? physician a 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) and Retired Maryland Civil Service requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending p Annie B. Troxell Valentine Harvey 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Md. transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Carroll St. 218-09-5901 Marie Valentine Yes WWI the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by OROMARY hours or attending physician. burial-t burial, DUE TO RTERIOSCHERUTIC HEART Conditions, if any, which (b) this certificate has been gave rise to immediate as the prior to DUE TD cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MELLITUS IABETES NO T YES 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) detached fire Dept. of I MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) be de State I Hour a.m. While Not While After be retained by p.m. at work at work ould the 64 to_5 19 6 6 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19. TO FUNERAL DIRECTOR: 3 shoul with the 19 6 6, and that death occurred at 3 4 from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED SIGNATURE 22a. STAFF ATTENDING director, page should be filed M.D. DIRECTOR Page 4 may 22c. Frederick. House Richard Reynolds Ave. 0 NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) Mt. Tabor Cemetery Rocky Ridge Md. Fred.C ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 24. any Thurmont, VR A15 (4) 15M 4-64

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND
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5 . 5 2 5	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Elevandrais	INTERVAL BETWEEN ONSET AND DEATH
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10 HOSPITAL Page 4 may O FUNERAL director, pag should be fill	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
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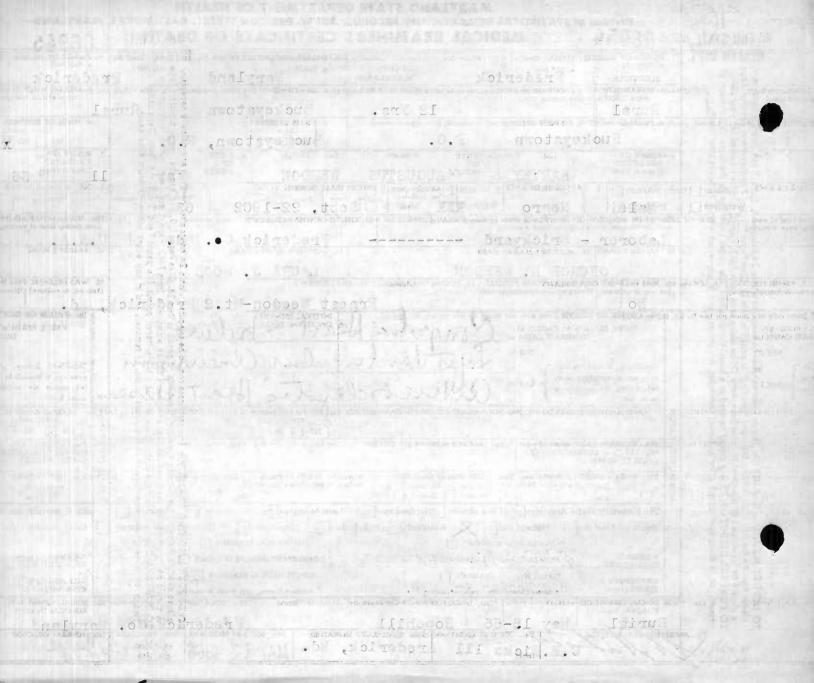
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Several Hrs. Emmitsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Frederick Memorial Hospital NOT YES executed within completely pon 3. NAME OF First Middle Last DATE Month Day Year DECEASED DF (Type or print) Louise DEATH he 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS birthday) Months Days Hours Die on 1896 F'emale White Apri WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Own Home Frederick Co. The law requires that the death certificate physi n ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Thomas Eugene Warthen Louis P. OSToole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, po, or unkown) (If yes give war or dates of service) 215-10-8933 Mrs. J.W. Frederick. Md. Wetzel cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by turial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) Attendaments be the burial of DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate CERTIFICATI PERFORMED'S YES NO D 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) After this certifid be detached for State Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work should 21. I certify that (1) (this hospital) attended the deceased from 2 & 1/1 and 1966 to 20 Mar J FUNERAL OFFECTOR: A director, page 3 should should be filed with the 1966, and that death occurred at 920M, from the causes and on the date stated above. Mar saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYSICIAN'S 22c. ADDRESS 22d. director, p NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. (State) BREMOYAL (Specify) 24-66 Anthony Cemetery Nr. Emmitsburg Fred. ADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Thurmont. Md. VR A15 (4) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) 12 Yrs. Rural Buckeystown Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Buckeystown State s after Buckeystown, P.O. YES NO 3. NAME OF Middla 4. DATE DECEASED OF (Type or print) AUGUSTUS DEATH HARVEY WEEDON 19 Mav 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) DIVORCED Sept. WIDOWER 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retirad) - Brickvard Frederick Co. Md. U.S.A Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE LAURA J. WOOD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service Ernest Weedon-Rt.2 Frederick. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO plnods 0 Conditions, if eny, which cremation, "pending" geve rise to Immediate cause Medical Examiner's DUE TO (a), stating the underlying be used as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO T pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar neture of Injury in Part I or Part II of item 18.) writing the PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not While designated agent, Hour a.m. forwarded to the at work at work should be forwarded to the Printegra, PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE its DEPUTY MEDICAL EXAMINER 6 EXAMINER'S B.O. Thomas Sr. M.D. NAME (Type) TO FC. Health Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 16-66 Hopehil! Frederick Co. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick. Md. 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06955 CERTIFICATE OF DEATH be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) nd campletely filled in by the funeral emave carban papers. Pages 1 and any event, within 72 hours after deat PLACE OF DEATH b. COUNTYFrederick o. STATE Maryland a. COUNTY Frederick MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL god given mearest town) Brunswick IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS Second Avenue same NO A YES 🗍 Middle Last 4. DATE Manth Year 3. NAME OF First WENNER DECEASED (Type or print) ROBERT LEE OF 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH S. SEX 7. MARRIED NEVER MARRIED 7 Dest birthday) Doys Hours 26/1893 W. M. DIVORCED WIDOWED 11. BIRTHPLACE (Caunty & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR IDa. USUAL OCCUPATION (Give kind of work done GOUNTRY ?A during most of working life evenil eticed) INDUSTRY Virginia The law requires that the death certificate 14. MOTHER'S MAIDEN NAME signed by the attending physic burial-transit permit. Then pil 13. FATHER'S NAME remaval, Margaret J. Davis Robert J. Wenner 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar upknown) (If yes give wor or dotes of service) Mrs.Ada Lewis Wenner-Brunswick, Md. Б INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) physician. DUE TO 92A9816 Conditions, if ony, which gove rise ta immediate cause (o), DUE TO stating the underlying cause the hospital or attending O FUNERAL DIRECTOR: After this certificate has been detached for use as the ie Dept. af Health prior to 1720183 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 🗌 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Not While Haur o.m. at wark shauld be 21. I certify that (1) (this hospital) attended the deceased from. 1964, that (1) (we) last be retained , and that death occurred at 2 200 M, fram causes and an the date stated above. 1966 saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. director, page shauld be filed ADDRESS 22c. PHYSICIAN'S Charles M.D. Brunswick Maryland Pruitt NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a. BURIAL, CREMATION, REMOVAL (Species) Jefferson Md. Fred. Lutheran Cemetery Brunswick, Maryland

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edinission) e. COUNTY Frederick North Carolina COUNTY Alleghany director. Page MARYLAND b. CITY OR TOWN (if outside corporete limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporate limits, write RURAL and give neerest town) Rural Mt. Airy d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES INO 3. NAME OF 4. DATE Month DECEASED **JESSE** (Type or print) WYATT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Deys Male White WIDOWED X DIVORCED | May 10. 1881 84 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life even if retired) Farming Alleghany Co. Nor. Car. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME America James Wyatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas give we ror detes of service Sturdivant Funeral Home Sparta, N. Car. XXXXXXXXXX 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to Immediata ceuse Medical Examiner's DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? burial NO T pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of itam 18.) PRIMARY TO OF CONTRIBUTING [] 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) While __Not Whi Month, Dey, Year (County) (Steta) ease execute the certificate, w should be forwarded to the FUNERAL DIRECTOR: Pa at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ŏ EXAMINER'S B.O. Thomas Sr. M.D. NAME (Type) Address (Street, city, town, or county) please 4 shoul O FUN Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) New Salem Cemetery White head. North Carolina Removal-Buria 25. EUNERAL DIRECTO ADDRESS 240. REC'D BY REGISTRAR | 245 REGISTRAR'S SIGNATURE VR A15ME Frederick, Maryland 5M 1/63

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